I.C. Form MSC5 (Rev. 9/01) N.C. Industrial Commission Mediation Section

NORTH CAROLINA INDUSTRIAL COMMISSION

I.C. File No(s). _____ Carrier No. 4342 Mail Service Center Raleigh, NC 27699-4342 County _____, Plaintiff REPORT OF MEDIATOR _____, Defendant , Carrier Mediator _____ Telephone () - Fax () -City The undersigned mediator reports the following results of a mediated settlement conference in this case: Conference was held and completed on: // was held but not completed because: _____ was not held because: Anticipated Date of Completion: / / Number of sessions held: If settled before conference, person who notified mediator: Names of parties, attorneys, insurance representatives or others who were absent: The parties reached: agreement on all issues. an impasse. agreement on the following issues: If this case was not settled in mediation, the parties estimate that the length of the hearing in this case will be Issues settled to be disposed of by: \square clincher. \square other agmt. \square voluntary dismissal. \square removal from hearing docket The person who will submit the agreement/clincher / dismissal to the Commission is _____ _____, who will submit it by ______ (date). Mediator's Fee PREPARATION FEE: (\$125.00 for appointed mediator.) **MEDIATION FEE:** Total time spent in Mediated Settlement Conference: _____ hours (\$125.00 per hour for appointed mediator, billed in quarter hour segments.) OTHER FEE (Postponement fee, etc...., if any) TOTAL FEE Mediator's Federal Tax ID No. All fees to the mediator have been paid except as follows: Amount owed Party owing fee Address of party I have mailed this report to the Commission within seven days of the conclusion of the mediated settlement conference. This the ____ day of ______, 200 _. Mediator

This report is to be returned to the Commission in all cases, whatever the mediation results.